

December 17, 2007

Montana Healthcare Programs Notice

All Provider Types

Enhanced Claims Editing — Multiple Evaluation and Management Services Provided on the Same Day

Beginning December 1, 2007, healthcare programs administered by the Department of Public Health and Human Services will implement enhanced claims editing to identify situations where correct procedure coding principles need to be improved. This change may affect any provider who bills for services using Current Procedure Terminology or Healthcare Common Procedure Coding System (CPT®/HCPCS) procedure codes, specifically Evaluation and Management codes. It will not apply to:

- Federally Qualified Health Clinics
- Rural Health Clinics
- Freestanding Dialysis Clinics
- Ambulatory Surgical Centers
- Children's Special Health Services
- Home and Community Based Services
- Home Health
- Hospice
- Personal Assistance
- Hospital Outpatient
- Birthing Centers
- Indian Health Service providers

Enhanced editing will include identification of claims where multiple Evaluation and Management (E/M) services are billed on the same date of service.

According to the Centers for Medicare and Medicaid Services (CMS), Chapter XI Medicine, Evaluation and Management Services, CPT Codes 90000-99999, National Correct Coding Policy Manual for Part B Medicare Carriers, "CPT codes for evaluation and management services are principally included in the group of CPT codes, 99201-99499. The codes are divided to describe the place of service (e.g. office, hospital, home, nursing facility, emergency department, critical care, etc.), the type of service (e.g. new or initial encounter, follow-up or subsequent encounter, consultation, etc.), and various miscellaneous services (e.g. prolonged physician service, care

plan oversight service, etc.). Because of the nature of evaluation and management services, which mostly represent cognitive services (medical decision making) based on history and examination, correct coding primarily involves determination of the level of history, examination and medical decision making that was performed rather than reporting multiple codes. Only one evaluation and management service code may be reported per day.”

Some examples include billing the following codes together:

99431, INITIAL CARE, NORMAL NEWBORN

99440, NEWBORN RESUSCITATION

As these codes normally represent services that are mutually exclusive, 99431 would normally be denied when billed together by the same practitioner.

99436, ATTENDANCE, BIRTH

99440, NEWBORN RESUSCITATION

As these codes normally represent services that are mutually exclusive, 99436 would normally be denied when billed together by the same practitioner.

99392, PREV VISIT, EST, AGE 1-4

99213, OFFICE/OUTPATIENT VISIT, EST

Unless these E/M services are for unrelated problems, only one E/M service should be billed.

The exception to this rule is if evaluation and management services are provided for an unrelated problem. In these instances, the subsequent evaluation and management services should be appended with an appropriate modifier to indicate that the service was a significant, separately identifiable service provided on the same day.

Please consult your AMA and CMS guidelines for complete information on appropriately billing multiple evaluation and management codes on the same day.

After December 19, 2007, Montana Medicaid will reimburse only multiple E/M procedures for unrelated problems that are billed with appropriate modifier. Procedures that are billed without the appropriate modifier will be denied. Remark code M86 on the remittance advice/835 transaction specifies the service is denied because payment has already been made for the same/similar procedure within set time frame.

Coming Soon

Watch for provider notices related to other enhanced editing changes including:

- National Correct Coding Initiative (CCI) Editing
- Enhanced Global Surgery Editing
- Enhanced Assistant/Team/Co-Surgeon Editing

Contact Information

For claims questions or additional information, contact Provider Relations:

Provider Relations toll-free in- and out-of-state: 1-800-624-3958

Helena: (406) 442-1837

Visit the Provider Information website:

<http://www.mtmedicaid.org>

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